

Fill in this information to identify your case and this filing:

Debtor 1	Jorge E Gamarra		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			
Case number	18-27216		

- Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Go to Part 2.

11

252 Avenue A

Street address, if available, or other description

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Bayonne **NJ** **07002-0000**

City _____ State _____ ZIP Code _____

Current value of the entire property? Current value of the portion you own?

Hudson

County

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only

■ At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Debtor 1 Jorge E Gamarra

Case number (if known) 18-27216

If you own or have more than one, list here:

1.2

1613 Pe'E

Street address, if available, or other description

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Koloa HI 96756-0000

City State ZIP Code

Current value of the entire property? Current value of the portion you own?

\$32,960.81

\$32,960.81

Kauai

County

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$382,640.81

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

 No Yes

3.1 Make: Toyota

Model: Rav 4

Year: 2010

Approximate mileage: 95000

Other information:

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$8,556.00

\$8,556.00

3.2 Make: Chevy

Model: Astro Van

Year: 2005

Approximate mileage: 220000

Other information:

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$1,524.00

\$1,524.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here =>

\$10,080.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe....

1-Bedroom set, 1-bed, livingroom set, diningroom set, kitchen set, dishes, microwave, refrigerator, stove, 1-Washer, dryer, dish washer

\$1,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe....

2-Televisions, dvd player, computer, printer

\$400.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe....

Used clothing

\$100.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe....

1-Gold wedding band, 1-gold necklace

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe....

Debtor 1 Jorge E Gamarra

Case number (if known) 18-27216

14. Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,700.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

Cash in wallet

\$60.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. Checking Bank of America

\$1,500.00

17.2. Business checking Bank of America

\$300.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity: % of ownership:

August Services Corp 100% %

\$1.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account: Institution name:

Debtor 1 Jorge E Gamarra

Case number (if known) 18-27216

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the

portion you own?

Do not deduct secured
claims or exemptions.

28. **Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

Debtor 1 Jorge E Gamarra

Case number (if known) 18-27216

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

 No Yes. Describe each claim.....

Jorge Gamarra et al vs. Kinray LLC --- Pending Breach of Contract & Loss Wages lawsuit filed in 2013

Unknown

35. Any financial assets you did not already list

 No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,861.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2			\$382,640.81
56. Part 2: Total vehicles, line 5	\$10,080.00		
57. Part 3: Total personal and household items, line 15	\$1,700.00		
58. Part 4: Total financial assets, line 36	\$1,861.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	+	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$13,641.00	Copy personal property total	\$13,641.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$396,281.81

Fill in this information to identify your case:

Debtor 1	Jorge E Gamarra		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			
Case number (if known)	18-27216		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
2010 Toyota Rav 4 95000 miles Line from <i>Schedule A/B</i> : 3.1	\$8,556.00	<input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2010 Toyota Rav 4 95000 miles Line from <i>Schedule A/B</i> : 3.1	\$8,556.00	<input checked="" type="checkbox"/> \$4,781.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2005 Chevy Astro Van 220000 miles Line from <i>Schedule A/B</i> : 3.2	\$1,524.00	<input checked="" type="checkbox"/> \$1,524.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
1-Bedroom set, 1-bed, livingroom set, diningroom set, kitchen set, dishes, microwave, refrigerator, stove, 1-Washer, dryer, dish washer Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
2-Televisions, dvd player, computer, printer Line from <i>Schedule A/B</i> : 7.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 Jorge E Gamarra

Case number (if known)		18-27216	
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Used clothing Line from <i>Schedule A/B</i> : 11.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
1-Gold wedding band, 1-gold necklace Line from <i>Schedule A/B</i> : 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Cash in wallet Line from <i>Schedule A/B</i> : 16.1	\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America Line from <i>Schedule A/B</i> : 17.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Business checking: Bank of America Line from <i>Schedule A/B</i> : 17.2	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
August Services Corp 100% Line from <i>Schedule A/B</i> : 19.1	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Jorge Gamarra et al vs. Kinray LLC - - Pending Breech of Contract & Loss Wages lawsuit filed in 2013 Line from <i>Schedule A/B</i> : 34.1	Unknown	<input checked="" type="checkbox"/> \$4,934.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Jorge E Gamarra		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY	
Case number	18-27216		
(if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Diamond Resorts

Creditor's Name
Attn: Bankruptcy
10600 West Charleston
Blvd
Las Vegas, NV 89102

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Describe the property that secures the claim:

1613 Pe'E Koloa, HI 96756 Kauai County

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Time Share**

Column A
Amount of claim
Do not deduct the value of collateral.
\$32,960.81

Column B
Value of collateral that supports this claim
\$32,960.81

Column C
Unsecured portion if any
\$0.00

2.2 New Jersey Housing and Mortgage

Creditor's Name
Finance Agency
637 South Clinton
Avenue
PO Box 18550
Trenton, NJ 08650

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Describe the property that secures the claim:

252 Avenue A Bayonne, NJ 07002
Hudson County

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **2nd Mortgage**

\$45,687.00

\$349,680.00

\$1,262.00

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

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page 1 of 2

Best Case Bankruptcy

Debtor 1 **Jorge E Gamarra**

First Name

Middle Name

Last Name

Case number (if known)

18-27216

2.3 Seterus, Inc.

Creditor's Name

Describe the property that secures the claim:

\$305,255.00

\$349,680.00

\$0.00

**252 Avenue A Bayonne, NJ 07002
Hudson County**

**Attn: Bankruptcy
Po Box 1077
Hartford, CT 06143**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **1st Mortgage**

**Opened
07/04 Last
Active
Date debt was incurred 2/28/18**

Last 4 digits of account number **6134**

Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$383,902.81

\$383,902.81

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Association of Apartment Owners of Poipu Point PO Box 8526 Coral Springs, FL 33075	On which line in Part 1 did you enter the creditor? 2.1
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Federal National Mortgage Association c/o Seterus Inc PO Box 1047 Hartford, CT 06143	On which line in Part 1 did you enter the creditor? 2.3
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Stern Lavinthal & Frankberg LLC Counsellors At Law 105 Eisenhower Parkway Suite 302 Roseland, NJ 07068	On which line in Part 1 did you enter the creditor? 2.3

Fill in this information to identify your case:

Debtor 1	Jorge E Gamarra		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			
Case number (if known)	18-27216		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Services Priority Creditor's Name	Last 4 digits of account number	\$4,800.00	\$4,800.00
	Special Procedures Function 955 S Springfield Avenue PO Box 744 Springfield, NJ 07081 Number Street City State Zip Code	When was the debt incurred?	2014, 2015	\$0.00
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify Business taxes		

Debtor 1 Jorge E Gamarra

Case number (if known)

18-27216

2.2	Internal Revenue Services Priority Creditor's Name Special Procedures Function 955 S Springfield Avenue PO Box 744 Springfield, NJ 07081 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	Unknown	Unknown	Unknown	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Business taxes				
2.3	New Jersey Division of Taxation Priority Creditor's Name Revenue Processing Center Corporation Business Tax PO Box 257 Trenton, NJ 08646 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	6000	\$1,111.16	\$1,111.16	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Business taxes				
2.4	New Jersey Division of Taxation Priority Creditor's Name Revenue Processing Center Corporation Business Tax PO Box 257 Trenton, NJ 08646 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	6000	\$1,045.45	\$1,045.45	\$0.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Business taxes				

Debtor 1 Jorge E Gamarra

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2.5	New Jersey Division of Taxation Priority Creditor's Name Revenue Processing Center Corporation Business Tax PO Box 257 Trenton, NJ 08646 Number Street City State Zip Code	Last 4 digits of account number 6000	\$616.04	\$616.04	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2017			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
		Business taxes			

2.6	State of New Jersey Priority Creditor's Name Division of Taxation Federal Offset Program PO Box 283 Trenton, NJ 08646 Number Street City State Zip Code	Last 4 digits of account number 6000	\$1,096.75	\$1,096.75	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2016			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
		Taxes			

Part 2: List All of Your NONPRIORITY Unsecured Claims

- Do any creditors have nonpriority unsecured claims against you?
 No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.
- List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Jorge E Gamarra

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4.1	Diamond Resorts Nonpriority Creditor's Name Attn: Bankruptcy 10600 West Charleston Blvd Las Vegas, NV 89102 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? Revolv As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency on Time Share	\$32,960.81
4.2	Direct TV Nonpriority Creditor's Name PO Box 5007 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3919 When was the debt incurred? Opened 03/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Cable services	\$359.00
4.3	Financial Asset Management Systems Inc Nonpriority Creditor's Name State of New Jersey PO Box 469 Woodstock, GA 30188 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? Revolv As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bills	\$2,284.00

Debtor 1 Jorge E Gamarra

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<p>4.4</p> <p>Laboratory Corp of America Holdings Nonpriority Creditor's Name PO Box 2240 Burlington, NC 27216 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0931</p> <p>When was the debt incurred? Opened 12/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bill</p>	<p>\$445.00</p>
<p>4.5</p> <p>University Hospital Nonpriority Creditor's Name PO Box 3009 Newark, NJ 07103 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? Revolv</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bills</p>	<p>\$494.00</p>
<p>4.6</p> <p>University Physician Assoc Nonpriority Creditor's Name PO Box 18297 Newark, NJ 07191 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? Revolv</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bills</p>	<p>\$8,424.00</p>

Debtor 1 Jorge E Gamarra

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4.7	University Physician Associates of NJ Nonpriority Creditor's Name PO Box 18181 Newark, NJ 07191 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number	\$443.00
		When was the debt incurred?	Revol
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bills	
4.8	Verizon Nonpriority Creditor's Name Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number	\$484.00
		When was the debt incurred?	Opened 11/15 Last Active 6/03/16
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Cable, phone & internet	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Association of Apartment Owners of Poipu Point
PO Box 863596
Orlando, FL 32886

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Central Credit Services LLC
9550 Regency Square Blvd
Suite 500A
Jacksonville, FL 32225

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Department of the Treasury
Internal Revenue Service
Small Business Division
200 Sheffield Street
Mountainside, NJ 07092

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 2.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Jorge E Gamarra

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Name and Address

FAMS
665 Molly Lane, Suite 110
Woodstock, GA 30189

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Internal Revenue Service
Attorney General for the United
States
Constitution Avenue & 10th St NW
Washington, DC 20530

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Internal Revenue Service
District Counsel
One Newark Center Suite 1500
Newark, NJ 07102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

New Jersey Division of Taxation
Sales & Use Tax
50 Barrack Street
Trenton, NJ 08695

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

New Jersey Division of Taxation
Sales & Use Tax
50 Barrack Street
Trenton, NJ 08695

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

New Jersey Division of Taxation
Sales & Use Tax
50 Barrack Street
Trenton, NJ 08695

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Receivables Performance
Management LLC
PO Box 1548
Lynnwood, WA 98046

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

University Hospital
PO Box 48458
Oak Park, MI 48237

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

University Physician Associates of
NJ
220 Davidson Avenue, 2nd Floor
Somerset, NJ 08873

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Jorge E Gamarra

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6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim		
		6a.	\$	0.00
Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	8,669.40
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
Total claims from Part 2	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	8,669.40
	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	45,893.81
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	45,893.81

Fill in this information to identify your case:

Debtor 1

Jorge E Gamarra

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 18-27216

(if known)

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No

Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Augusta Gamarra
252 Avenue A
Bayonne, NJ 07002

Schedule D, line 2.3
 Schedule E/F, line _____
 Schedule G _____
Seterus, Inc.

3.2 Augusta Gamarra
252 Avenue A
Bayonne, NJ 07002

Schedule D, line 2.2
 Schedule E/F, line _____
 Schedule G _____
New Jersey Housing and Mortgage

3.3 Augusta Gamarra
252 Avenue A
Bayonne, NJ 07002

Schedule D, line 2.1
 Schedule E/F, line _____
 Schedule G _____
Diamond Resorts

Debtor 1 Jorge E Gamarra

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Additional Page to List More Codebtors

Column 1: Your codebtor

3.4 **Augusta Gamarra**
252 Avenue A
Bayonne, NJ 07002

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line 4.1
 Schedule G _____
Diamond Resorts

Fill in this information to identify your case:

Debtor 1	Jorge E Gamarra		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	18-27216		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X
Jorge E Gamarra
Signature of Debtor 1

Date November 19, 2018

X
Signature of Debtor 2

Date

Fill in this information to identify your case:

Debtor 1	Jorge E Gamarra		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			
Case number (if known)	18-27216		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$ 382,640.81
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 382,640.81
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 13,641.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 396,281.81

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 383,902.81
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ 383,902.81
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 8,669.40
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 8,669.40
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6f of Schedule E/F.....	\$ 45,893.81
	Your total liabilities \$ 438,466.02

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 2,282.93
Copy your combined monthly income from line 12 of Schedule I.....	\$ 2,282.93

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Jorge E Gamarra

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8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 692.93

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 8,669.40
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 8,669.40